S. No. 2
M—1/47
7. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38699

FILED DEC 2 1948

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 10123

1. PLACE OF DEATH:

(a) County

(b) City or town: St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Baptist Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St Louis 96

(c) City or town: ~~St Louis~~ Richmond Hts 8
(If outside city or town limits, write "RURAL") 5

(d) Street No.: 8830 Antler Drive
(If rural, give location) 1

NR.

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Margit Bardach Thurmon

3. (b) If veteran, name war: No

3. (c) Social Security No.: 487-20 5294

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: James J. Thurmon

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: Mar (Month) 14 (Day) 1903 (Year)

8. AGE: Years 45 | Months 8 | Days 5 | If less than one day: hr. min.

9. Birthplace: Malma (City, town, or county) Sweden (State or foreign country) 4

10. Usual occupation: Office worker 1

11. Industry or business

MOTHER FATHER

12. Name: Rm. M. Bardach 4

13. Birthplace: Malma (City, town, or county) Sweden (State or foreign country)

14. Maiden name: Christiana Lindel 1

15. Birthplace: Malma (City, town, or county) Sweden (State or foreign country) 1

16. (a) Informant: Mrs R.M.Bardach 1

(b) Address: 8730 Antler Dr. St Louis

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/21/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Troy, Missouri

18. (a) Signature of funeral director: Kemper Funeral Home

(b) Address: Troy, Missouri

19. (a) NOV 22 1948 (Date received local registrar) (b) J. B. Lester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18 year 1948 hour 9 minute P.M.

21. I hereby certify that I attended the deceased from Sept 29 1942 to Nov 18 1948 that I last saw him alive on Nov 18 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinomatosis (Lungs; skeleton)	4 yrs
Due to: Carcinoma cervix	1944
Due to: X-ray treatment	1944
Due to: Radium Implant in uterus	1944
Other conditions (Include pregnancy within 3 months of death): Hysterectomy	1944

Major findings:
Of operations: HO
Of autopsy

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature: Ray David Williams (M. D. or other)

Address: 114 N Taylor, St Louis Date signed: Nov 20 1948

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____ _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Joseph J. Marsh.

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.